

#06018 [REDACTED]

Dear Homeowner:

We understand how difficult it may be to ask for help when you need it the most.

The best way to find out what options are available is to help us understand your financial situation by completing the attached application package, including all the required documentation. Upon receipt of the documentation, we will assign a relationship manager to assist you throughout the process.

As an alternative, if you are experiencing any difficulty completing the full package you may complete this form by checking all of the appropriate boxes to the right. This will help us identify potential programs available to meet your needs. Once we have received this information, we will assign a Relationship Manager to personally help you through this process.

Please check the box that best describes your situation.

I want to:

Keep the property ☐
Sell the property ☐

This home is:

Where I live ☐
Second Home ☐
Investment Property ☐

I, or a member of my family is or has been on active duty with our military ☐

You may be eligible for benefits and protection under the Servicemembers Civil Relief Act (SCRA)

Once your relationship manager is assigned they will stay with you throughout the process and assist with all documentation needs as well as explain every step of the process.

We look forward to working through this with you.

Thank you.

Loan Servicing

I need help because I have/am...

A loss of income ☐
Increase in expenses ☐
Can't sell/rent my home ☐
Marital problems ☐
Unemployed ☐
Incarceration ☐
Damage to the home due to hurricane, flood, earthquake, etc ☐
Death or illness of family member ☐
Other ☐

Fax this letter with your documentation attached to 1-866-709-4744, -or- Mail to: Loss Mitigation, 233 Gibraltar Rd., Suite 600, Horsham PA 19044

What is the best number/time to reach you? ([REDACTED])
[REDACTED] am

060180 [REDACTED]

Consider all options. We will explore all options to help you keep your home. If you do not wish to stay in your home, we can help make your transition to a new home easier. Following is a brief description of available options:

- **Repayment Plan:** If you have experienced a temporary loss of income or increase in expenses but can now afford to make higher payments, we may be able to develop a repayment plan.
- **HAMP Modification:** This is an important Federal Program designed to assist you in obtaining an affordable mortgage payment. We will review your monthly income and housing costs -- including any past due payments -- and determine an affordable mortgage payment.
- **Other Loan Modifications:** If you are not able to make higher monthly payments but can still afford your current mortgage payment, we may be able to modify your loan.
- **Short Sale:** If the value of your home has declined, you may be able to sell it for less than the full amount due and eliminate your mortgage.
- **Deed in Lieu of Foreclosure:** If you have tried to sell your property for 90 days, you may be able to voluntarily return the deed to GMAC Mortgage to satisfy your debt and avoid foreclosure.

Notice Regarding Foreclosure Scams:

- There is never a fee to participate in or learn more about our Modification Programs. To locate a HUD-approved counselor, visit: <http://www.hud.gov/offices/hsg/sfh/hcc/fc/>
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

Please Note:

Documentation must be received 7 days prior to the scheduled foreclosure sale date. If your property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.

This is an attempt to collect a debt and any information obtained will be used for that purpose

FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)
PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE

To: Loss Mitigation	Account Number(s) 06018
From: G mac	or mail to: Loss Mitigation
Fax to: 1-866-709-4744	233 Gibraltar Road Suite 600
	Horsham PA 19044

ALL of the following information must be completed and returned to determine eligibility:

- ☒ Financial Analysis Form/Information for Government Monitoring Purposes
- ☒ A signed and dated Dodd-Frank Certification
- ☒ A signed and dated Acknowledgement and Agreement
- ☒ A signed and dated IRS Form 4506T-EZ (Request for Transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers. This form is required even if you have not filed or are not required to file tax returns.
- ☒ Documentation confirming occupancy - for example, a recent utility bill in your name at the property address.
- ☐ Documentation verifying expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. (if applicable)
- ☐ Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.

TYPE OF INCOME	DOCUMENTATION REQUIRED
Paid by an employer or short term disability	<input checked="" type="checkbox"/> Copy of two most recent pay stubs from your employer including year to date information. Pay stubs cannot be more than 90 days old.
Self employed or receive a 1099 form	<input type="checkbox"/> Copy of most recent quarterly or year-to-date Profit and Loss statement See Exhibit A for a sample of a 3 Month Self Employment Income Statement (Profit and Loss Form) AND <input type="checkbox"/> Copies of two most recent bank statements. Bank statements cannot be over 90 days old. AND <input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule B-Supplemental Income and Loss.
Child support or alimony*	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of child support or alimony. Bank statements cannot be over 90 days old.
Social Security, disability, death benefits, or pension	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of benefit income. Bank statements cannot be over 90 days old.
Other earned income (i.e. bonus, commission, housing allowance, and/or tips)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (i.e. an employment contract and/or printouts documenting tips) and indicating the income is not a one time payout.
Rental income from an investment property	<input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule B-Supplemental Income and Loss. AND <input type="checkbox"/> Current lease agreement for the subject property. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old. See Exhibit B for a sample of an Investment Property Schedule.
Rental income from room rental of the primary residence	<input type="checkbox"/> Copy of current lease agreement. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Unemployment	<input type="checkbox"/> Copy of a Benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Benefit must continue for at least 9 months to be considered. AND <input type="checkbox"/> Documentation must show receipt unemployment benefits have begun or will begin within 60 days.
Other income (investment, interest, dividends, etc.)	<input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Income not specified above	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.

*You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you choose to have it considered.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUDI), if available
- ☐ Signed Third Party Authorization Form



To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You MUST sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, please submit with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.



8645 Mathis Ave, Ste. # 201
Manassas, VA 20110
(703) 686-4880 Office
(703) 369-6292 Fax

AUTHORIZATION TO RELEASE INFORMATION

Date: 01-30-12
Lender: Gmac Mortgage
Loan #: 06018 [REDACTED]
Property Address: [REDACTED]

I am aware that my mortgage loan is in default. I hereby authorize you to release any and all information, including but not limited to payoff, reinstatement amounts, loan modification, and as well as negotiation of a possible short sale of the property to the following:

INTERNATIONAL REAL ESTATE COMPANY

RUTH HENRIQUEZ, [REDACTED]

ORLANDO CAMPOS [REDACTED]

MAYRA RAMIREZ

Sincerely,

[Signature]
Borrower's Signature

Inmer E Campos

Borrower's Name

[REDACTED]
Social Security No.

[Signature]
Borrower's Signature

[Signature]
Borrower's Name

[Signature]
Social Security No.



8645 Mathis Ave, Ste. #201
Manassas, VA 20110
(703) 686-4880 Office
(703) 369-6292 Fax

FINANCIAL SHEET

Loan # 06018 [REDACTED]

MONTHLY INCOME		
	Borrower #1	Borrower #2
Net Monthly Salary (Job 1)	2,520.00	
Net Monthly Salary (Job 2)	1,178.00	
Unemployment		
Disability		
Alimony / Child Support		
Rental Income		
Other		
TOTAL INCOME	\$ 3,698.00	

MONTHLY EXPENSES

EXPENSE	AMOUNT
1 st Mortgage	1,160.14
2 nd Mortgage	310.00
Property Taxes	-
Homeowners Insurance	-
HOA	-
Other Mortgages	-
Lease (if now rents)	-
Water	183.23
Electricity	165.62
Gas	146.84
Telephone/Cell Phone	90.00

EXPENSE	AMOUNT
Cable/Internet Service	-
Car Payments #	-
Car Insurance	90.00
Gasoline/Repair/Toll	320.00
Credit Card Payments	-
Personal Loan	-
Child Support/ Alimony	498.00
Day Care Expenses	-
Food & Household Exp.	600.00
Tithe	
Other	3,483.83

TOTAL EXPENSES: _____

I agree that the financial information provided is an accurate statement of my current financial status. I understand and acknowledge that the information may be transcribed to a form requested by my lender.

Borrower's Signature

Name

Inrner E Campos

Social Security No. [REDACTED]

Borrower's Signature

Name

Social Security No. _____

Form **4506T-EZ**
(October 2009)

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

Department of the Treasury
Internal Revenue Service

► Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

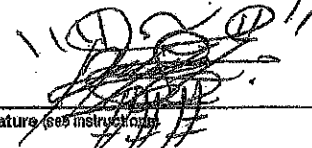
1a Name shown on tax return. If a joint return, enter the name shown first. <u>Inner E Campos</u>		1b First social security number on tax return [REDACTED]
2a If a joint return, enter spouse's name shown on tax return.		2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code [REDACTED]		
4 Previous address shown on the last return filed if different from line 3		
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. Third party name <u>Emac Mortgage</u>		Telephone number [REDACTED]
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days. <u>2010</u> <u>2009</u>		

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	 Signature (see instructions)	<u>01-31-12</u> Date	Telephone number of taxpayer on line 1a or 2a [REDACTED]
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (10-2009)

Loan # 06018 [REDACTED]

FOLD AND REMOVE			FOLD AND REMOVE																																																																																																																				
PERSONAL AND CHECK INFORMATION Inner E Campos [REDACTED] Soc Sec # [REDACTED] Employee ID: [REDACTED] Pay Period: 01/13/12 to 01/19/12 Check Date: 01/20/12 Check #: 5414 NET PAY ALLOCATIONS <table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>THIS PERIOD (\$)</th> <th>YTD (\$)</th> </tr> </thead> <tbody> <tr> <td>Check Amount</td> <td>420.77</td> <td>1225.16</td> </tr> <tr> <td>NET PAY</td> <td>420.77</td> <td>1225.16</td> </tr> </tbody> </table>			DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	Check Amount	420.77	1225.16	NET PAY	420.77	1225.16	<table border="1"> <thead> <tr> <th colspan="2">EARNINGS</th> <th>DESCRIPTION</th> <th>HRS/UNITS</th> <th>RATE</th> <th>THIS PERIOD (\$)</th> <th>YTD HOURS</th> <th>YTD (\$)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Regular</td> <td>40.00</td> <td>15.7500</td> <td>630.00</td> <td>117.00</td> <td>1842.75</td> </tr> <tr> <td></td> <td></td> <td>Vacation-Memo</td> <td></td> <td></td> <td>M2.31</td> <td></td> <td>M127.05</td> </tr> <tr> <td></td> <td></td> <td>EARNINGS</td> <td>40.00</td> <td></td> <td>630.00</td> <td>117.00</td> <td>1842.75</td> </tr> <tr> <th colspan="2">WITHHOLDINGS</th> <th>DESCRIPTION</th> <th>FILING STATUS</th> <th></th> <th>THIS PERIOD (\$)</th> <th></th> <th>YTD (\$)</th> </tr> <tr> <td></td> <td></td> <td>Social Security</td> <td></td> <td></td> <td>26.46</td> <td></td> <td>77.40</td> </tr> <tr> <td></td> <td></td> <td>Medicare</td> <td></td> <td></td> <td>9.13</td> <td></td> <td>26.72</td> </tr> <tr> <td></td> <td></td> <td>Fed Income Tax</td> <td>M 2</td> <td></td> <td>32.81</td> <td></td> <td>93.70</td> </tr> <tr> <td></td> <td></td> <td>VA Income Tax</td> <td>2 0</td> <td></td> <td>25.90</td> <td></td> <td>74.98</td> </tr> <tr> <td></td> <td></td> <td>TOTAL</td> <td></td> <td></td> <td>94.30</td> <td></td> <td>272.80</td> </tr> <tr> <th colspan="2">DEDUCTIONS</th> <th>DESCRIPTION</th> <th></th> <th></th> <th>THIS PERIOD (\$)</th> <th></th> <th>YTD (\$)</th> </tr> <tr> <td></td> <td></td> <td>Garnishment</td> <td></td> <td></td> <td>114.93</td> <td></td> <td>344.79</td> </tr> <tr> <td></td> <td></td> <td>TOTAL</td> <td></td> <td></td> <td>114.93</td> <td></td> <td>344.79</td> </tr> </tbody> </table>				EARNINGS		DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)			Regular	40.00	15.7500	630.00	117.00	1842.75			Vacation-Memo			M2.31		M127.05			EARNINGS	40.00		630.00	117.00	1842.75	WITHHOLDINGS		DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)			Social Security			26.46		77.40			Medicare			9.13		26.72			Fed Income Tax	M 2		32.81		93.70			VA Income Tax	2 0		25.90		74.98			TOTAL			94.30		272.80	DEDUCTIONS		DESCRIPTION			THIS PERIOD (\$)		YTD (\$)			Garnishment			114.93		344.79			TOTAL			114.93		344.79
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Payrolls by Paychex, Inc.

0027 1300-7937 Saah Unfinished Furniture • 5641F General Washington Dr • Alexandria VA 22312 • (703) 258-4315

Loan # 06018

FOLD AND REMOVE

FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION

Inner E Campos

Soc Sec # [REDACTED] Employee ID: [REDACTED]

Pay Period: 01/20/12 to 01/26/12

Check Date: 01/27/12 Check #: 5420

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	420.77	1645.93
NET PAY	420.77	1645.93

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Regular	40.00	15.7500	630.00	157.00	2472.75
Vacation-Memo			M2.31		M129.36
EARNINGS	40.00		630.00	157.00	2472.75

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		28.46	103.86
Medicare		9.13	35.85
Fed Income Tax	M 2	32.81	126.51
VA Income Tax	2 0	25.90	100.88
TOTAL		94.30	367.10

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Garnishment	114.93	459.72
TOTAL	114.93	459.72

NET PAY

THIS PERIOD (\$)
420.77

YTD (\$)
1645.93

Payrolls by Paychex, Inc.

0027 1300-7937 Saah Unfinished Furniture • 5641F General Washington Dr • Alexandria VA 22312 • (703) 256-4315



Federal Express Corporation
 U.S. Payroll Services
 3875 Airways, H/I West
 Memphis, Tennessee 38116
 (901) 397-4070

Loan# 06019

Pay Period:
 Advice Date:
 Advice Number:
 Batch Number:

Page 001 of 001
 01/15/2012 - 01/21/2012
 01/27/2012
 0044320277
 DCL002008459

Exemptions Addl Amt Addl %
 Fed: S-00
 VA: N-00

INNER E. CAMPOS

Delivering on the Purple Promise
 makes this check possible.

Total hours for hourly period 01/15/12 - 01/21/12:
 Worked = 21.62 hours - Overtime = 0.00 hours

Earnings	Rate	Hours	This Stmt Year	To Date
Reg Earn	13.350	21.62	288.63	1050.51
Frontline			77.82	77.82
Holiday				106.80
Gross Pay			366.45	1235.13
Fed-Tax Wages			301.11	993.38
# Non Cash Earnings & Benefits				
* Excluded from Taxable Wages				

TOTAL GROSS	366.45	1235.13
TOTAL TAXES	58.73	179.87
TOTAL DEDUCTIONS	66.01	244.33
NET PAY	241.71	810.93

Taxes	This Stmt Year	To Date
Fed Withholding	30.60	90.74
Fed MED/EE	4.74	15.66
Fed QASDI/EE	13.72	45.35
VA Withholding	9.67	28.12
Total Taxes	58.73	179.87

Deductions	This Stmt Year	To Date
*401KPreTax	25.65	86.46
*ChoiceA NT	28.85	86.55
*DENTAL	7.15	25.98
*VISION	3.69	13.33
*ChPlusA NT		29.43
OptLife PT	0.67	2.58
Total Deductions	66.01	244.33

Net Pay	This Stmt Year	To Date
Total Net Pay	0.00	0.00

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TEAR HERE

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

FedEx Express Federal Express Corporation
 U.S. Payroll Services
 3875 Airways, H/I West
 Memphis, Tennessee 38116

Advice Number: 0044320277
 Advice Date: 01/27/2012
 0000745700

Deposited to the account of
 INNER E. CAMPOS

Account Number
 XXXXXXXXX2321

Amount
 241.71

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement

Federal Express Corporation
U.S. Payroll Services
3875 Airways, H/I West
Memphis, Tennessee 38116
(901) 397-4070

Lean# 06018

Pay Period:
Advice Date:
Advice Number:
Batch Number:

Page 001 of 001
01/08/2012 - 01/14/2012
01/20/2012
0044256446
DCL002008454

Exemptions Addl Amt Addl %
Fed: S-00
VA: N-00

INNER E. CAMPOS

Delivering on the Purple Promise
makes this check possible.

Total hours for hourly period 01/08/12 - 01/14/12:
Worked = 22.06 hours Overtime = 0.00 hours

Rate	Hours	This Stmt Year	To Date
Reg Earn	13.350	22.06	294.50
Holiday			761.88
			106.80

Gross Pay 294.50 868.68
Fed Tax Wages 234.19 692.27
Non Cash Earnings & Benefits
* Excluded from Taxable Wages

TOTAL GROSS	294.50	868.68
TOTAL TAXES	41.28	121.14
TOTAL DEDUCTIONS	60.98	178.32
TOTAL PAY	192.24	569.22

Rate	This Stmt Year	To Date
Fed Withholding	20.56	60.14
Fed MED/EE	3.70	10.92
Fed OASDI/EE	10.70	31.63
VA Withholding	6.32	18.45
Total Taxes	41.28	121.14

Rate	This Stmt Year	To Date
*401KPreTax	20.62	60.81
*ChoiceA NT	28.85	57.70
*DENTAL	7.15	18.83
*VISION	3.69	9.64
*ChPlusA NT		29.43
OptLife PT	0.67	1.91
Total Deductions	60.98	178.32

Rate	This Stmt Year	To Date
Total Excl Benefit	0.00	0.00

Other Information

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TEAR HERE

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM. © 2008 Automatic Data Processing (ADP)

FedEx
Express
Federal Express Corporation
U.S. Payroll Services
3875 Airways, H/I West
Memphis, Tennessee 38116

Advice Number: 0044256446
Advice Date: 01/20/2012
0000745700

Deposited to the account of
INNER E. CAMPOS

Account Number
XXXXXXXXXX2381

Amount
192.24

THIS IS NOT A CHECK
NON-NEGOTIABLE



Loan # 06018

Account Summary

Previous Balance		239.41
Last Payment Received	12/20/2011	160.00
Balance Forward		79.41

NOVEC Distribution Services: Government Regulated		
Distribution	11/21/2011 - 12/21/2011	30.59

NOVEC Electricity Supply Services: Government Regulated		54.49
---	--	-------

NOVEC Fees: Other Charges and Credits		1.13
---------------------------------------	--	------

Date Billed 01/04/2012

Amount Due by 2:00 P.M. On 02/01/2012	165.62
---------------------------------------	--------

Bill Is Due And Payable Upon Receipt

Amount Due After 2:00 P.M. On 02/01/2012	168.04
--	--------

1.5% Penalty If Not Paid by 2:00 P.M.

A correct home phone # (or cell phone # if you prefer) will expedite your outage reporting.

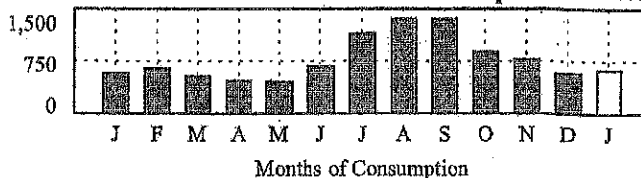
To verify/update our records call 703-335-0500 or 1-888-335-0500. Please have your account number handy when you call.

Max kWh Usage 1,362

Avg kWh Usage 779

Min kWh Usage 453

2011 - 13 Months Actual Consumption - 2012



PLEASE DETACH AND RETURN THIS PORTION WITH PAYMENT

Account Number	Amount	Balance w/ ORU	Due By 2:00 p.m. (Current Charges Only)	Additional ORU	Amount Enclosed
[REDACTED]	165.62		02/01/2012		

☐ CHECK HERE IF YOU HAVE INDICATED AN ADDRESS OR PHONE NUMBER CHANGE BELOW
 Current Phone Number (703) 897-9434

☐ OPT OUT (Please see back of bill)

3382



JIMMY & ROSALINA CAMPOS

NORTHERN VIRGINIA ELECTRIC COOPERATIVE
 PO BOX 34795
 ALEXANDRIA VA 22334-0795



Do Not Mark Or Stamp In This Area

0032087348000000001656210000079418000000000006

ACCOUNT TRANSACTION HISTORY

Loan# 06618

AIF Name JIMMER E CAMPOS CARRANZA
ROSALBINA M CAMPOS

01/27/2012

Page 1

Statement Date 01/23/2012

Account # [REDACTED] Previous Balance \$22.96 Current Balance \$5.53
Total Debits \$1,255.00 Total Credits \$1,237.57

Proc Date	Eff Date	DR/CR	Tran	Tran Desc	Ref #	Serial #	Amt	Ending Bal
12/20/2011	12/20/2011	D	7511		02/78/4711	0000000185	\$10.00	\$12.96
12/30/2011	12/30/2011	C	3500	PAYROLL Pillar Hotels	06/43/1163	0000000000	\$575.47	\$588.43
12/30/2011	12/30/2011	D	7583		04/95/9579	0000000000	\$475.00	\$113.43
01/03/2012	01/03/2012	D	7523	12-31-11 7426	00/00/0110	0000000000	\$100.00	\$13.43
01/11/2012	01/11/2012	C	0033	COUNTER DEPOSIT	03/05/3782	0000000000	\$49.05	\$62.48
01/13/2012	01/13/2012	C	3500	PAYROLL Pillar Hotels	05/71/2203	0000000000	\$613.05	\$675.53
01/13/2012	01/13/2012	D	0031		05/12/5656	0000000000	\$670.00	\$5.53

Bank Statement

Loan# 06019

ACCOUNT TRANSACTION HISTORY

A/F Name INNER E CAMPOS CARRANZA
ROSALBINA M CAMPOS

01/27/2012

Page 1

Statement Date 02/17/2012

Account # 155928735

Previous Balance
Total Debits\$5.53 Current Balance
\$0.00 Total Credits\$5.53
\$0.00

Proc Date Eff Date DR/CR Tran

Tran Desc

Ref #

Serial #

Amt

Ending Bal

Bank Statement

Loan# 060

Form **1040** Department of the Treasury Internal Revenue Service
U.S. Individual Income Tax Return 2010

(99) IRS Use Only

**Name,
Address,
and SSN**

See separate
instructions.

**Presidential
Election
Campaign**

For the year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending , 20

Your first name MI Last name
INMER E CAMPOS
If a joint return, spouse's first name MI Last name

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

City, town or post office. If you have a foreign address, see instructions. State ZIP code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund?

Filing Status

Check only
one box.

- 1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above & full name here
4 ☒ Head of household (with qualifying instructions.) If the qualifying but not your dependent, enter name here
5 ☐ Qualifying widow(er) with dependent

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse

c Dependents:

(1) First name Last name

YEERY MARTINEZ-LOPEZ

(2) Dependent's
social security
number

(3) Dependent's
relationship
to you

(4) ☒ child or
age 18
qualifying
child (see in-
structions)

Son

If more than four
dependents, see
instructions and
check here

d Total number of exemptions claimed

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and 1099-R
if tax was withheld.

If you did not
get a W-2,
see instructions.

Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

**Adjusted
Gross
Income**

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a b Taxable amount
16a Pensions and annuities 16a b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20a b Taxable amount
21 Other income
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income
23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 One-half of self-employment tax. Attach Schedule SE 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Tuition and fees. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8803 35
36 Add lines 23 - 31a and 32 - 35
37 Subtract line 36 from line 22. This is your adjusted gross income

Loan# 06018

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return 2010** (99) IRS Use Only — Do not write or staple in this space.

Name, Address, and SSN
For the year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending , 20
Your first name MI Last name
INMER E CAMPOS
If a joint return, spouse's first name MI Last name
Spouse's social security number
See separate instructions.
City, town or post office. If you have a mailing address, use instructions.
Apartment no.
Make sure the SSN(s) above and on line 6c are correct.
Checking a box below will not change your tax or refund.
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? ☐ You ☐ Spouse

Filing Status
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above & full name here
4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 ☐ Qualifying widow(er) with dependent child

Exemptions
6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax or (see instrs)
YEFRY MARTINEZ-LOPEZ Son
If more than four dependents, see instructions and check here
d Total number of exemptions claimed
Boxes checked on 6a and 6b
No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instrs)
Dependents on 6c not entered above
Add numbers on lines above

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 53,566
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes 430
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ -4,279
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a b Taxable amount
16a Pensions and annuities 16a b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20a b Taxable amount
21 Other income
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 49,717

Adjusted Gross Income
23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 One-half of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 - 31a and 32 - 35
37 Subtract line 36 from line 22. This is your adjusted gross income 49,717

Attack Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see instructions.
Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Form 1040 (2010) INNER E CAMPOS

Page 2

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	49,717.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind, Total boxes checked <input type="checkbox"/> 39a		
	<input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind, checked <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	19,250.
41	Subtract line 40 from line 38	41	30,467.
42	Exemptions. Multiply \$3,650 by the number on line 5d	42	7,300.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	23,167.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	2,879.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Add lines 44 and 45	46	2,879.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	1,500.
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	1,379.
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	2,879.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
60	Add lines 55-59. This is your total tax	60	0.

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	2,929.
62	2010 estimated tax payments and amount applied from 2009 return	62	
63	Making-work-pay credit. Attach Schedule M	63	0.
64a	Earned income credit (EIC)	64a	
b	Non-taxable combat pay election	64b	
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	1,000.
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lns 61-63, 64a, & 65-71. These are your total payments	72	3,929.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	3,929.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	3,929.
b	Routing number		
d	Account number		
75	Amount of line 73 you want applied to your 2011 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Sign Here

Joint return? See instructions.
Keep a copy for your records.

Designee's name	Phone no.	Personal identification number (PIN)
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Your signature	Date	Your occupation MANAGER
Spouse's signature. If a joint return, both must sign.		Date
Spouse's occupation		Daytime phone number

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN
Firm's name	Firm's EIN		Phone no.

Form 1040 (2010)

Form **6251****Alternative Minimum Tax — Individuals**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.**2010**Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

TINMER E CAMPOS**Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 and go to line 2. Otherwise, enter the amount from Form 1040, line 38 and go to line 6. (If less than zero, enter as a negative amount.)	1	30,467.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	1,243.
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	3,723.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions	4	0.
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	3,835.
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	6	
7	Tax refund from Form 1040, line 10 or line 21	7	-430.
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	0.
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$219,900, see instructions.)	28	38,838.

Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2010, see instructions.)

If your filing status is...**AND line 28 is
not over...****THEN enter on
line 29...**

Single or head of household

\$112,500

\$47,450

Married filing jointly or qualifying widow(er)

150,000

72,450

Married, filing separately

75,000

36,225

29 47,450.

If line 28 is over the amount shown above for your filing status, see instructions.

30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II

30 0.

31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.

• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here.

• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.

31 0.

32 Alternative minimum tax foreign tax credit (see instructions)

32 0.

33 Tentative minimum tax. Subtract line 32 from line 31

33 0.

34 Tax from Form 1040, line 44 (minus any tax from Form 4572 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)

34 2,879.

35 **AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

35 0.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

FDIA5312 12/21/10

Form 6251 (2010)

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

INMER E CAMPOS

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	5,926.		
2	Enter amount from Form 1040, line 38	2	49,717.		
3	Multiply line 2 by 7.5% (.075)	3	3,729.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	2,197.		
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	2,120.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	1,603.		
7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9	3,723.		
Interest You Paid		10	8,745.		
10	Home mtg interest and points reported to you on Form 1098				
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11			
Note. Your mortgage interest deduction may be limited (see Instrs).		12			
12	Points not reported to you on Form 1098. See instrs for spec rules	12			
13	Mortgage insurance premiums (see instructions)	13			
14	Investment interest. Attach Form 4952 if required. (See instrs.)	14			
15	Add lines 10 through 14	15	8,745.		
Gifts to Charity		16	250.		
16	Gifts by cash or check. If you made any gift of \$250 or more, see Instrs				
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	500.		
18	Carryover from prior year	18			
19	Add lines 16 through 18	19	750.		
Casualty and Theft Losses		20	0.		
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)				
Job Expenses and Certain Miscellaneous Deductions		21	4,829.		
21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ FORM 2106EZ	21	4,829.		
22	Tax preparation fees	22	0.		
23	Other expenses — investment, safe deposit box, etc. List type and amount ▶	23	0.		
24	Add lines 21 through 23	24	4,829.		
25	Enter amount from Form 1040, line 38	25	49,717.		
26	Multiply line 25 by 2% (.02)	26	994.		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	3,835.		
Other Miscellaneous Deductions		28	0.		
28	Other — from list in instructions. List type and amount ▶				
Total Itemized Deductions		29	19,250.		
29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40				
30	If you elect to itemize deductions even though they are less than your standard deduction, check here				

Form **2106-EZ**

Unreimbursed Employee Business Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

2010
Attachment
Sequence No. **129A**

Your name

INNER CAMPOS

Occupation in which you incurred expenses

MANAGER

Social security number

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2010.

Caution: You can use the standard mileage rate for 2010 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 50% (.50)	1	0.
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	0.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	4,397.
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	0.
5 Meals and entertainment expenses: \$ <u>864.</u> × 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	432.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	4,829.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ►
- 8 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instr) _____ c Other _____
- 9 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 10 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 11a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If 'Yes,' is the evidence written? ☐ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **2106-EZ** (2010)

SCHEDULE C-EZ
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Net Profit From Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

2010

Attachment
Sequence No. **09A**

Name of proprietor

INNER CAMPOS

Social security number (SSN)

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service
AMWAY GLOBAL PRODUCTS

B Enter business code
► **434990**

C Business name. If no separate business name, leave blank.

D Enter your EIN (see instructions)

E Business address (including suite or room number). Address not required if same as on page 1 of your tax return.

City, town or post office, state, and ZIP code

Part II Figure Your Net Profit

1 Gross receipts. Caution. See the instructions for Schedule C, line 1, and check the box if: • This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax <input type="checkbox"/>	1	697.
2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C	2	4,976.
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040 , line 12, and Schedule SE , line 2, or on Form 1040NR , line 13. (If you checked the box on line 1, do not report the amount from line 3 on Schedule SE, line 2.) Estates and trusts, enter on Form 1041 , line 3	3	-4,279.

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ► 01/15/2010
- 5** Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
- a Business 9,952 b Commuting (see instructions) 2,965 c Other 8,973
- 6** Was your vehicle available for personal use during off-duty hours? ☒ **Yes** ☐ **No**
- 7** Do you (or your spouse) have another vehicle available for personal use? ☒ **Yes** ☐ **No**
- 8a** Do you have evidence to support your deduction? ☒ **Yes** ☐ **No**
- b** If 'Yes,' is the evidence written? ☒ **Yes** ☐ **No**

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C-EZ (Form 1040) 2010

Form **8863**

Department of the Treasury
Internal Revenue Service (99)

**Education Credits (American Opportunity and
Lifetime Learning Credits)**

See separate instructions to find out if you are eligible to take the credits.
Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

2010

Attachment
Sequence No. **50**

Name(s) shown on return

INMER E CAMPOS

Your social security number

CAUTION! You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.

Part I American Opportunity Credit

Caution: You cannot take the American opportunity credit for more than 4 tax years for the same student.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Other- wise, add \$2,000 to the amount in column (e).
	First name Last name					
	YEFRY MARTINEZ-LOPEZ		4,000.	2,000.	500.	2,500.
2	Tentative American opportunity credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III					2,500.

Part II Lifetime Learning Credit.

Caution: You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year.

3	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
	First name Last name		
4	Add the amounts on line 3, column (c), and enter the total		4
5	Enter the smaller of line 4 or \$10,000		5
6	Tentative lifetime learning credit. Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV		6

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

FDIA3601 12/31/10

Form **8863** (2010)

Form 8863 (2010) INMER E CAMPOS

Page 2

Refundable American Opportunity Credit

7	Enter the amount from line 2	7	2,500.
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	8	90,000.
9	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	9	49,717.
10	Subtract line 9 from line 8. If zero or less, stop; you cannot take any education credit	10	40,283.
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	10,000.
12	If line 10 is: <ul style="list-style-type: none"> Equal to or more than line 11, enter 1.000 on line 12 Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) 	12	1.000
13	Multiply line 7 by line 12. Caution: if you were under age 24 at the end of the year and meet the conditions in the instructions, you cannot take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box <input type="checkbox"/>	13	2,500.
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 43. Then go to line 15 below	14	1,000.

Nonrefundable Education Credits

15	Subtract line 14 from line 13	15	1,500.
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)	16	
17	Enter: \$120,000 if married filing jointly; \$60,000 if single, head of household, or qualifying widow(er)	17	
18	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	18	
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22	19	
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	20	
21	If line 19 is: <ul style="list-style-type: none"> Equal to or more than line 20, enter 1.000 on line 21 and go to line 22 Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places) 	21	
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	22	
23	Nonrefundable education credits. Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	23	1,500.

* If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub 970 for the amount to enter.

Form 8863 (2010)

Form **5695**

Department of the Treasury
Internal Revenue Service

Residential Energy Credits

► See Instructions.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2010

Attachment
Sequence No. **158**

Name(s) shown on return

INMER E CAMPOS

Your social security number

Part I Nonbusiness Energy Property Credit (See instructions before completing this part.)

- 1** Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) **1** ☒ Yes ☐ No

Caution: If you checked the 'No' box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.

- 2** Qualified energy efficiency improvements (see instructions).

a Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home **2a**

b Exterior windows (including certain storm windows) and skylights **2b** **6,319.**

c Exterior doors (including certain storm doors) **2c**

d Metal roof with appropriate pigmented coatings or asphalt roof with appropriate cooling granules that are specifically and primarily designed to reduce the heat gain of your home, and the roof meets or exceeds the Energy Star program requirements in effect at the time of purchase or installation **2d**

- 3** Residential energy property costs (see instructions).

a Energy-efficient building property **3a**

b Qualified natural gas, propane, or oil furnace or hot water boiler **3b**

c Advanced main air circulating fan used in a natural gas, propane, or oil furnace **3c**

4 Add lines 2a through 3c **4** **6,319.**

5 Multiply line 4 by 30% (.30) **5** **1,896.**

6 Maximum credit amount. (If you jointly occupied the home, see instructions) **6** **1,500.**

7 Enter the amount, if any, from your 2009 Form 5695, line 11. Otherwise enter -0- **7** **0.**

8 Subtract line 7 from line 6 **8** **1,500.**

9 Enter the smaller of line 5 or line 8 **9** **1,500.**

10 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions) **10** **1,379.**

11 **Nonbusiness energy property credit.** Enter the smaller of line 9 or line 10. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49 **11** **1,379.**

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 5695 (2010)

Form 5695 (2010) INNER E CAMPOS

Page 2

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note. Skip lines 12 through 21 if you only have a *credit carryforward from 2009*.

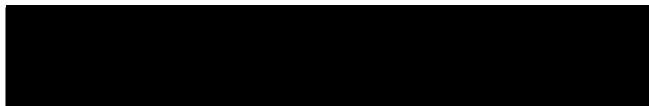
12	Qualified solar electric property costs	12	
13	Qualified solar water heating property costs	13	
14	Qualified small wind energy property costs	14	
15	Qualified geothermal heat pump property costs	15	
16	Add lines 12 through 15	16	
17	Multiply line 16 by 30% (.30)	17	
18	Qualified fuel cell property costs	18	
19	Multiply line 18 by 30% (.30)	19	
20	Kilowatt capacity of property on line 18 above \times \$1,000 ...	20	
21	Enter the smaller of line 19 or line 20	21	
22	Credit carryforward from 2009. Enter the amount, if any, from your 2009 Form 5695, line 28	22	
23	Add lines 17, 21, and 22	23	
24	Enter the amount from Form 1040, line 46, or Form 1040NR, line 44	24	
25	<p>1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 11 of this form; line 12 of the Line 11 worksheet in Pub 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; Form 8936, line 14; and Schedule R, line 22.</p> <p>1040NR filers: Enter the amount, if any, from Form 1040NR, lines 45 through 47; line 11 of this form; line 12 of the Line 11 worksheet in Pub 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; and Form 8936, line 14.</p>	25	
26	Subtract line 25 from line 24. If zero or less, enter -0- here and on line 27	26	
27	Residential energy efficient property credit. Enter the smaller of line 23 or line 26. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49	27	
28	Credit carryforward to 2011. If line 27 is less than line 23, subtract line 27 from line 23	28	

Form 5695 (2010)

2010 VA760CG Page 1
Individual Income Tax Return



INNER E CAMPOS



Filing Status: 1 Head of Household: X
Exemptions Dependents Total 65 and over Blind Total
Yourself 1 1 2
Spouse
Vendor ID: 1030

Name or Filing Change: Amended:
NOL:
Address Change: Federal Earned Income Credit
Virginia Return Not Filed Last Year: Locality: 900
Your SSN CAMP
Spouse's SSN

1	Federal Adjusted Gross Income	1	49717.	16a Your VAGI	16a
2	Additions, see page 2, line 3	2		16b Spouse's VAGI	16b
3	Subtotal		49717.	17 Net Tax	17 1485.

4a	Age Deduction -- You	4a		18a Your Withholding	18a 2120.
----	----------------------	----	--	----------------------	-----------

4b	Age Deduction -- Spouse	4b		18b Spouse's Withholding	18b
----	-------------------------	----	--	--------------------------	-----

5	Social Security and Tier 1 Railroad	5		19 Estimated Payments	19
---	-------------------------------------	---	--	-----------------------	----

6	State Income Tax Overpayment	6	430.	20 Extension Payments	20
---	------------------------------	---	------	-----------------------	----

7	Other Subtractions, see Page 2, Line 7	7		21 Credit for Low Income	21
---	--	---	--	--------------------------	----

8	Subtotal Subtractions	8	430.	22 Credit tax paid another state	22
---	-----------------------	---	------	----------------------------------	----

9	Total VAGI		49287.	23 Other Credits	23
---	------------	--	--------	------------------	----

10a	Federal Schedule A Itemized Deductions	10a	19250.	24 Total Payments /Credits	24 2120.
-----	--	-----	--------	----------------------------	----------

10b	State/Local Income Tax	10b	2120.	25 Tax You Owe	25
-----	------------------------	-----	-------	----------------	----

10	Standard/Itemized Deductions	10	17130.	26 Overpayment Amount	26 635.
----	------------------------------	----	--------	-----------------------	---------

11	Exemptions	11	1860.	27 Amount to Credit to Next Year's Tax	27
----	------------	----	-------	--	----

12	Deductions from VAGI, see Pg 2, Line 9	12		28 Adjustments/Contributions	28
----	--	----	--	------------------------------	----

13	Subtotal Lines 10, 11 and 12	13	18990.	Amount You Owe: Paid by Credit Card	
----	------------------------------	----	--------	--	--

14	VA Taxable Income	14	30297.	Refund:	635.
----	-------------------	----	--------	---------	------

15	Tax Amount	15	1485.	Bank Routing Number	C
----	------------	----	-------	---------------------	---

16	Spouse Tax Adjustment	16		Bank Account Number	
----	-----------------------	----	--	---------------------	--

VAIA0212 11/04/10

LAR DEAR DTD LTD \$

2010 VA760CG Page 2



ADDITIONAL FILING INFORMATION

Dependent on
another's return:

Farming/Fishing
Merchant Seaman:

Taxpayer
Deceased:

Overseas
when due:

Deductions

8 Deduction Code and Amount

a

b

c

9 Total Deductions:

Additions -- SCH ADJ/CG -- Part 1

1 Interest on obligations
of other state

2 Other Additions:

a Fixed Date Conformity

Spouse's Name -- Filing Status 3 Only

AGE DEDUCTION DETAILS

You

b

Spouse

c

Contact Information

3 Total Additions:

Your Phone

Spouse

Subtractions

4 Income from obligations
or securities of the U.S.

Dept of Taxation may discuss
my return with my preparer.

5 Disability Income
reported as wages

Preparer Phone Number

5a You

Preparer Info

2

5b Spouse

6 Other Subtractions:

a Fixed Date Conformity

I (We), the undersigned, declare under penalty of law that I (we) have examined this return
and to the best of my (our) knowledge, it is a true, correct and complete return.

b

If you are requesting direct deposit of your refund by providing bank information on your
return, you are certifying that the ultimate destination of the funds is within the territorial
jurisdiction of the United States.

c

d

Your Signature _____ Date _____

Spouse's Signature _____ Date _____

7 Total Subtractions:

Preparer
Signature _____ Date _____

Self-Prepared

File by May 1, 2011

1 Wages, tips, other comp. 11630.31		2 Federal income tax withheld 638.39	
3 Social security wages 12046.42		4 Social security tax withheld 746.88	
5 Medicare wages and tips 12046.42		6 Medicare tax withheld 174.67	
d Control number 0000745700 W9Z	Dept. 22904	Corp. 0002	Employer use only Q 19765
e Employer's name, address, and ZIP code 1013340D09 FEDERAL EXPRESS CORPORATION 3875 AIRWAYS BLVD MODULE H 1ST FLOOR -- U.S. PAYRO MEMPHIS, TN 38116-5070			
f Employer's SSA number			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a D 416.11	
14 Other 1824.00 GRP INS		12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay X	
g Employee's name, address and ZIP code INNER E CAMPOS			
h Employee's address			
15 State Employer's state ID no. VA		16 State wages, tips, etc. 11630.31	
17 State income tax 302.16		19 Local wages, tips, etc.	
18 Local income tax		20 Locality name	
City or Local Filing Copy W-2 Wage and Tax Statement 2010 Copy 2 to be filed with employee's City or Local Income Tax Return.			

Form W-2 Wage and Tax Statement 2010

a Control number		b Void <input checked="" type="checkbox"/>	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0003	
b Employer's identification number		d Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld
13 Salaried employee	Retirement plan	Third-party sick pay		3 Social security wages	4 Social security tax withheld	
12 See instrs. for Box 12		14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips
						6 Medicare tax withheld
						7 Social security tips
						8 Allocated tips
						9 Advance EIC payment
						10 Dependent care benefits
						11 Nonqualified plans
15 State	Employer's state ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

EMPLOYEE W-2 WAGE SUMMARY 2010

0027-13007937

SAAH INC
2330 COLUMBIA PIKE
ARLINGTON VA 22204

The chart below indicates your 2010 voluntary payroll adjustments which are included (+), excluded (-), or did not affect (N/A) your federal wages (Box 1) and state wages.

VOLUNTARY ADJUSTMENTS	YTD AMOUNT	FEDERAL WAGES
GARNISHMENT	5970.36	N/A
FEDERAL WITHHOLDING EXEMPTIONS	RM 2	
VA WITHHOLDING EXEMPTIONS	RM 2	
REGULAR WAGES FOR 2010	41680.24	

INNER E CAMPOS
3207 BERKLY LANE
WOODBIDGE VA 22193

11009

PAYROLLS BY **PAYCHEX®**

Copy C, for employees records

Form W-2 Wage and Tax Statement 2010

a Control number 0027-13007937 000310-		b Employer's name, address, and ZIP code SAAH INC 2330 COLUMBIA PIKE ARLINGTON VA 22204		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
c Employer's identification number 54-1052308		d Employee's social security number [REDACTED]		1 Wages, tips, other compensation 41680.24	
13 Statutory employee []		14 Other []		2 Federal income tax withheld 2290.65	
12 See instrs. for Box 12		e Employee's name, address, and ZIP code INNER E CAMPOS [REDACTED]		3 Social security wages 41680.24	
15 State VA		16 State wages, tips, etc. 41680.24		4 Social security tax withheld 2584.16	
Employer's state ID No. 30541052308F123		17 State income tax 1817.75		5 Medicare wages and tips 41680.24	
				6 Medicare tax withheld 604.35	
				7 Social security tips	
				8 Advance EIC payment	
				9 Allocated tips	
				10 Dependent care benefits	
				11 Nonqualified plans	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Safe, accurate, FAST! Use **efile** Visit the IRS Web site at www.irs.gov/efile

Employee Reference Copy
W-2 Wage and Tax Statement 2010
Copy C for employee's records OMB No. 1545-0047

d Control number	Dept.	Corp.	Employer use only
0000745700 W9Z	22304	0002	Q 19785

e Employer's name, address, and ZIP code **1013340D09**
FEDERAL EXPRESS CORPORATION
3875 AIRWAYS BLVD
MODULE H 1ST FLOOR -- U.S. PAYRO
MEMPHIS, TN 38116-5070
 BATCH# Q 0225

e/f Employee's name, address, and ZIP code
INNER E CAMPOS
 [REDACTED]

b Employer's FED ID number	a Employee's SSA number
71-0427007	[REDACTED]

1 Wages, tips, other comp.	2 Federal income tax withheld
11630.31	638.39
3 Social security wages	4 Social security tax withheld
12046.42	746.88
5 Medicare wages and tips	6 Medicare tax withheld
12046.42	174.67
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	D 416.11
14 Other	12b
1824.00 GRP INS	12c
	12d
	13 Stat emp Ret plan 3rd party elec pay
	X
15 State Employer's state ID no.	16 State wages, tips, etc.
VA 30710427007F001	11630.31
17 State income tax	18 Local wages, tips, etc.
302.16	
19 Local income tax	20 Locality name

2010 W-2 and EARNINGS SUMMARY

INNER E CAMPOS

Social Security Number: 612-38-0156

Exemptions/Allowances:

Federal: 0

State: 0

Local: NA

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PAGE 01 OF 01

Fold and Detach Here

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		38-2099803 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 256.25	2 Federal income tax withheld	
b Employer ID number (EIN) 541761538	3 Social security wages 256.25	4 Social security tax withheld 15.89	
	5 Medicare wages and tips 256.25	6 Medicare tax withheld 3.72	
c Employer's name, address, and ZIP code JACK H LUCKY FLORAL DESIGN [REDACTED]			
d Control number			
e Employee's name, address, and ZIP code INMIR CAMPOS [REDACTED]			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory Employee	14 Other	12b Code	
Retirement Plan		12c Code	
Third-Party sick pay		12d Code	
VA 30541761538F001	256.25		
15 State employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2010 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if the income is taxable and you fail to report it.

Copy 2 - To Be Filed with Employee's State, City, or Local Income Tax Return.		38-2099803 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 256.25	2 Federal income tax withheld	
b Employer ID number (EIN) 541761538	3 Social security wages 256.25	4 Social security tax withheld 15.89	
	5 Medicare wages and tips 256.25	6 Medicare tax withheld 3.72	
c Employer's name, address, and ZIP code JACK H LUCKY FLORAL DESIGN [REDACTED]			
d Control number			
e Employee's name, address, and ZIP code INMIR CAMPOS [REDACTED]			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory Employee	14 Other	12b Code	
Retirement Plan		12c Code	
Third-Party sick pay		12d Code	
VA 30541761538F001	256.25		
15 State employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2010 Dept. of the Treasury - IRS
BW24UP NTF 2572361



BRANCH BANKING & TRUST CO.
ALEXANDRIA - COLUMBIA PIKE
TELEPHONE NO. 1-800-394-1470
E.I.N. 56-1521960



468-13-01-00 2613002

INNER E CAMPOS CARRANZA

THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

FOR CALENDAR YEAR

2010

TAXPAYER ID NUMBER

612-38-0156

2010 - 1098, MORTGAGE INTEREST STATEMENT

INSTALLMENT INT	ACCOUNT NUMBER	
BOX 1	87110226449001	
	MORTGAGE INTEREST	613.82 *
TOTAL INTEREST/POINTS PAID		613.82

IF YOUR SSN/EIN NUMBER IS INCORRECT,
PLEASE CONTACT YOUR LOCAL BB&T OFFICE.

1099 / 1098 US INFORMATION RETURN (OMB NO. SEE REVERSE)

FORM 1099-THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

FORM 1098-THE INFORMATION IN BOXES 1, 2, 3 AND 4 IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTIONS MAY BE IMPOSED ON YOU IF THE IRS DETERMINES THAT AN UNDERPAYMENT OF TAX RESULTS BECAUSE YOU OVERSTATED A DEDUCTION FOR THIS MORTGAGE INTEREST OR FOR THESE POINTS OR BECAUSE YOU DID NOT REPORT THIS REFUND OF INTEREST ON YOUR RETURN.

FORM 1098-Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you and not reimbursed by another person.

GMAC Mortgage Account Statement

CUSTOMER INFORMATION

Name: INNER E CAMPOS-CARRANZA
Account Number:
Home Phone #: (703)897-9434

PROPERTY ADDRESS

GMAC Mortgage



For Customer Care Inquiries call: 1-800-766-4622
For Insurance Inquiries call: 1-800-256-9962

MESSAGES

This is a reminder that we have not received your current payment. Please call our office to make payment arrangements.

See Reverse Side For Important Information
And State Specific Disclosures

Account Information

Account Number
Statement Date January 18, 2011
Interest Rate 3.37500
Interest Paid Year-to-Date \$0.00
Taxes Paid Year-to-Date \$0.00
Escrow Balance \$853.55
Principal Balance(PB)* \$239,289.03

Details of Amount Due/Paid

Principal and Interest \$928.46
Subsidy/buydown \$0.00
Escrow \$204.70
Additional Products/Services \$26.98
Amount Past Due \$1,160.14
Outstanding Late Charges \$53.92
Other \$235.00
Total Amount Due \$2,609.20
Account Due Date January 01, 2011

Account Activity Since Last Statement

Description	Pmt Date	Tran. Date	Tran. Total	Principal	Interest	Escrow	Add'l Products	Late Charge	Other
PD SPEEDPAY FEE	12/01/10	12/27/10	\$7.50						\$7.50
SPEEDPAY FEE	12/01/10	12/27/10	\$7.50						\$7.50
Payment	12/01/10	12/27/10	\$1,199.06	\$254.74	\$673.72	\$204.70	\$26.98	\$38.92	

This is your principal balance only, not the amount required to pay the loan in full. For payoff figures and mailing instructions, call the Customer Care number above or you may obtain necessary payoff figures through our automated system (24 hours a day, 7 days a week).

RECIPIENT'S/LENDER'S name, address, and telephone number GMAC MORTGAGE 3451 HAMMOND AVE WATERLOO, IA 50702 800-766-4822		<input type="checkbox"/> CORRECTED (if checked) *Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0001 2010 Substitute Form 1098	Mortgage Interest Statement Copy B For Payer The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
RECIPIENT'S federal identification no. 23-1694840	PAYER'S social security number [REDACTED]	1. Mortgage interest received from payer(s)/borrower(s) \$ 8,131.32		
PAYER'S/BORROWER'S name, street address (including apt. no.), city, state, and ZIP code INMER E CAMPOS-CARRANZA [REDACTED]		2. Points paid on purchase of principal residence (See Box 2 on back) \$ 0.00		
		3. Refund of overpaid interest (See box 3 on back) \$ 0.00		
		4. Mortgage insurance premiums \$ 0.00		
Account number (see instructions) 0601809512		5. Real Estate Taxes Paid \$ 1,602.00		
Substitute Form 1098		(keep for your records) Department of the Treasury - Internal Revenue Service		

Mail This Portion With Your Payment

Mortgage Payment Coupon

Account Number	Due Date	Mortgage Payment	Total Amount Due	Amount Due With Late Fee if Received 15 Days AFTER Payment Date
[REDACTED]	01/01/11	\$1,180.14	\$2,609.20	\$1,206.56

INMER E CAMPOS-CARRANZA

Please assist GMAC Mortgage in applying your payment.	
Full Payment(s)	\$
ADDITIONAL Principal	\$
ADDITIONAL Escrow	\$
Late Charge	\$
Other Fees (please specify)	\$
Total Amount Enclosed	\$

GMAC Mortgage

GMAC MORTGAGE
PO BOX 9001719
LOUISVILLE KY 40290-1719



02 0111 0601809512 00116014 04642 22222 5

FINANCIAL ANALYSIS FORM

Account Number **06018**

BORROWER		CO-BORROWER	
Borrower's Name Inner Erisides Campos Canana		Co-Borrower's Name	
Date of Birth 11-01-72	Social Security Number	Date of Birth	
Home Phone Number With Area Code		Home Phone Number With Area Code	
Cell or Work Number With Area Code		Cell or Work Number With Area Code	
Email Address icampos49@yahoo.com		Email Address	
Mailing Address 3207 Berkley Ln Woodbridge VA 22193			
Property Address (If Same As Mailing Address, Write Same) same			
I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		The property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant If Owner Occupied, include a recent utility bill in your name at the property address. If Renter Occupied, include a copy of the current lease agreement.			
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date listed: _____		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please complete counselor contact information below.	
For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Counselor's Name: _____	
Agent's Name: _____		Counselor's Phone Number: _____	
Agent's Phone Number: _____		Counselor's Email: _____	
Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Who pays the hazard insurance policy for your property?	
Date of offer _____ Amount of Offer \$ _____		Is the policy current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Who pays the Real Estate Tax bill on your property? bank		Address of paid to: _____	
Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Condo or HOA Fee <input type="checkbox"/> Yes \$ _____ <input checked="" type="checkbox"/> No		Number of People in the Household 6	
Paid to: _____		Have you filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____	
Address of paid to: _____		Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bankruptcy Case Number _____	
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.			
Lien Holder's Name/Service	Balance	Contact Number	Loan Number

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

If applying for the Making Home Affordable Modification Program we encourage you to provide the following, however this is not a requirement of other modification programs. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person.

BORROWER	<input checked="" type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

INFORMATION REGARDING MILITARY SERVICE MEMBERS

Please check here if you or a family member is on active duty with our military. You may be eligible for benefits and protection under the Service members Civil Relief Act "SCRA". ☐

FINANCIAL ANALYSIS FORM (Continued)

Account Number 0001

INCOME/EXPENSES FOR HOUSEHOLD																											
Borrower 1		Borrower 2		Household Assets		Household Expenses																					
	Estimated Value of this property	\$ 180,000.00	First Mortgage Payment	\$ 1,160.14																							
	Estimated Value of Other Real Estate Owned	\$ 0	Alimony Payment	\$																							
	Checking Account(s) Balance	\$ 700.00	Child Support Payment	\$																							
	Saving Account(s)/Money Market Balance	\$	Dependent Care Payment	\$																							
	Life Insurance Cash Value	\$	Liens/Rents	\$																							
	IRA/Keogh Account(s) Balance	\$	Other Mortgages	\$																							
	401K/ESOP Account(s) Balance	\$ 500.00	Personal Loans/Student Loans	\$																							
	Stocks/Bonds/CDs Balance	\$	Auto Loans/Lease	\$																							
	Other Investments	\$	Auto Expenses	\$																							
			Auto Insurance	\$ 90.00																							
			Medical Expenses	\$																							
			Medical Insurance	\$																							
			HOA/Condo Fees	\$																							
			Credit Card(s) / Installment Loans	\$																							
			Food/Household Supplies	\$ 600.00																							
			Spending Money	\$ 43.00																							
			Utilities/Water/Sewer/Phone(s)/Cable	\$ 201.00																							
			Donations	\$																							
			Property Taxes (If not escrowed and included in your current mortgage payment)	\$																							
			Insurance - Hazard, wind, flood etc (If not escrowed and included in your current mortgage payment)	\$																							
			Other	\$																							
Total Income (Gross)	\$ 930.45	\$	Total Assets	\$ 3,000.00	Total Debt/Expenses	\$ 2,100.14																					
<p>HARDSHIP AFFIDAVIT</p> <p>I am having difficulty making my monthly payment because of financial difficulties created by: (Please check all that apply)</p> <table border="1"> <tr> <td><input type="checkbox"/> Borrower Death</td> <td><input checked="" type="checkbox"/> Reduction of Income</td> <td><input type="checkbox"/> Military Service</td> <td><input type="checkbox"/> Payment Adjustment</td> </tr> <tr> <td><input type="checkbox"/> Illness of Borrower</td> <td><input type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)</td> <td><input type="checkbox"/> Unemployment</td> <td><input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)</td> </tr> <tr> <td><input type="checkbox"/> Illness of Family Member</td> <td><input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a costly repair that needs to be made)</td> <td><input type="checkbox"/> Business Failure (Examples would be loss of business income)</td> <td><input type="checkbox"/> Tenant not Paying</td> </tr> <tr> <td><input type="checkbox"/> Death of Family Member</td> <td><input type="checkbox"/> Inability to Sell Property</td> <td><input type="checkbox"/> Bankruptcy Filed</td> <td><input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)</td> </tr> <tr> <td><input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)</td> <td><input type="checkbox"/> Inability to Rent Property</td> <td><input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)</td> <td></td> </tr> </table> <p><input type="checkbox"/> Other</p> <p>Explanation (Required): <u>reduction of hours</u></p>								<input type="checkbox"/> Borrower Death	<input checked="" type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Adjustment	<input type="checkbox"/> Illness of Borrower	<input type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)	<input type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a costly repair that needs to be made)	<input type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying	<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)	<input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	
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If additional space is needed for Explanation, please include an additional page.

Account Number 06018

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Inmer Campos 01-30-12
Name Primary Borrower Date

Name Secondary Borrower Date

ACKNOWLEDGEMENT AND AGREEMENT

Account Number 06018

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will obtain a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable or any mortgage relief granted and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of the Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
- 9 I/we agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
- 10 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 11 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 12 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 13 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 14 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 15 I/we agree that to be considered for the Making Home Affordable program, or any other program, all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date.
- 16 NOTICE TO TEXAS BORROWERS: If the loan you are requesting to modify is a Texas Home Equity Loan or Line of Credit, your loan does not qualify to be modified. However, please proceed with submitting your financial information so that we can examine your financial situation and determine if there is a repayment program available to you in order to prevent foreclosure.
- 17 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
- 18 I/we consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
- 19 ☒ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.

888-995-HOPETM
Homeowner's HOPE Hotline

Borrower Signature

Date

Co-Borrower Signature

Date



To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You MUST sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, please submit the application with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPETM Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Form **4506T-EZ**
(October 2009)

Short Form Request for Individual Tax Return Transcript

Department of the Treasury
Internal Revenue Service

Request may not be processed if the form is incomplete or illegible.

OMB No. 1545-2154

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.

Inner Campos

1b First social security number on tax return

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

Telephone number

GMAC Mortgage

800-850-4622

Address (including apt., room, or suite no.), city, state, and ZIP code

Attn: Loss Mitigation, 233 Gibraltar Rd Suite 600, Horsham, PA 19044

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2009"). Most requests will be processed within 10 business days.

2010

2009

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign
Here

Signature (see instructions)

Date

01-30-12

Telephone number of
taxpayer on line 1a or 2a

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form 4506T-EZ (10-2009)

Loan # 06018

Form 4506T-EZ (10-2009)

Page 2

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.

- A Form W-2, Form 1099-series, Form 1098-series, or Form 5498-series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Where to mail . . .

If you filed an individual return and lived in:

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia

Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-3876

RAIVS Team
Stop 6705-B41
Kansas City, MO
64999
816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 9 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W-CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.

Exhibit A - 3 Month Self Employment Income Statement (Profit and Loss Form)

This form may be used if you are self-employed or a 1099 wage earner only. 06018

BORROWER'S NAME _____

Account Number _____

For each borrower who is self-employed a Profit and Loss Statement is required for each business. If borrower has more than one business, we require a Profit and Loss Form for each business. The example document may be used to supply the required information.

Month and Year must be indicated. Use most recent consecutive months.	Month 1		Month 2		Month 3		Total
	Month _____	Year _____	Month _____	Year _____	Month _____	Year _____	
Sales			\$		\$		\$
Cost of Goods Sold			\$		\$		\$
Gross Profit			\$		\$		\$
Operating Expenses							
Advertising	\$		\$		\$		\$
Amortization	\$		\$		\$		\$
Auto Expenses	\$		\$		\$		\$
Bank Charges	\$		\$		\$		\$
Depreciation	\$		\$		\$		\$
Dues & Subscriptions	\$		\$		\$		\$
Employee Benefits	\$		\$		\$		\$
Insurance	\$		\$		\$		\$
Interest	\$		\$		\$		\$
Office Expenses	\$		\$		\$		\$
Payroll Taxes	\$		\$		\$		\$
Rent	\$		\$		\$		\$
Repairs & Maintenance	\$		\$		\$		\$
Salaries & Wages	\$		\$		\$		\$
Supplies	\$		\$		\$		\$
Taxes & Licenses	\$		\$		\$		\$
Telephone	\$		\$		\$		\$
Utilities	\$		\$		\$		\$
Other	\$		\$		\$		\$
Total Operating Expenses	\$		\$		\$		\$
Net Profit Before Taxes	\$		\$		\$		\$
Income Taxes	\$		\$		\$		\$
Net Profit After Taxes	\$		\$		\$		\$

Exhibit B - Investment Property Schedule

BORROWER'S NAME _____

Account Number _____

For each borrower who receives rental income from an investment property an Investment Property Schedule is required. If additional space is needed, please include an additional page.

Property Number	Property Street Address	Property City, State, and Zip Code	Number of Units (1, 2, 3, 4, or 5+)	Status Circle All That Apply R - Rented V - Vacant PS - Pending Sale F - In Foreclosure	Gross Monthly Rental Income	Monthly Mortgage Payment (excluding taxes and insurance)	Monthly Insurance and Taxes	Monthly HOA/Condo Dues (if applicable)
Primary Residence				R V PS F	\$	\$	\$	\$
2				R V PS F	\$	\$	\$	\$
3				R V PS F	\$	\$	\$	\$
4				R V PS F	\$	\$	\$	\$
5				R V PS F	\$	\$	\$	\$
6				R V PS F	\$	\$	\$	\$
					\$	\$	\$	\$

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.

Account Number: 06018 [REDACTED] Name: Immer Ersides Campos Carrionera
Property Address: [REDACTED]



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call 1.800.CALL.FHA to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

Orlando Camfas or International Real Estate in his/her capacity as
Name: Realtor Company Name: [REDACTED]
Relationship (if applicable) Phone Number Email Address

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

Immer E. Campos
Borrower Printed Name

[Signature]
Borrower Signature

01-30-12
Date

Co-Borrower Printed Name

Co-Borrower Signature

Date

